## ILLINOIS WORKERS' COMPENSATION COMMISSION

## INJURED WORKERS' BENEFIT FUND: REQUEST FOR BENEFITS AND AFFIDAVIT

	Case # WC
Employee/Petitioner	
v.	
Employer/Respondent	
I, Petitioner's name	, duly swear:
	ined with the employer as a respondent in this case.
On, the Commission and attorneys' fees). A copy of that docum	awarded \$ in benefits (excluding penaltienent is attached.
The employer/respondent failed to obtain	workers' compensation insurance coverage for this case.
I now ask the Commission to pay the bene	fits due from the Injured Workers' Benefit Fund.
Benefits paid to date by employer \$	Unpaid benefits \$
I understand that by accepting this comper further monetary award from the Illinois V	nsation from the Illinois Workers' Benefit Fund, I will not receive an Workers' Benefit Fund for this case.
Petitioner's signature	Date
Petitioner's mailing address	Social Security Number (required)
Subscribed and sworn to before me	
on	
Notary Public	